FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M42207** **(4)**

1. Corporation Name

SOUTH FLORIDA NEPHROLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
c/o Robert Geronemus, MD. ~~C/O NEIL SCHNEIDER, M.D.~~ 2951 NW 49TH AVE., #101 LAUDERDALE LAKES FL 33313-1583 US	c/o Robert Geronemus, M.D. ~~C/O NEIL SCHNEIDER, M.D.~~ 2951 NW 49TH AVE. #101 LAUDERDALE LAKES FL 33313 US

3. Date Incorporated or Qualified: 11/25/1986
3a. Date of Last Report: 08/25/1995

2. Principal Place of Business	2a. Mailing Address
21 South A. Nephrology Assoc.	26 2951 NW 49th Ave
Suite, Apt. #, etc. 22 #101	Suite, Apt. #, etc. 27
City & State 23 Lauderdale Lakes, FL	City & State 28
Zip / Country 24 33313 / 25 Broward	Zip / Country 29 / 30

4. FEI Number: 59-2741566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Geronemus, Robert M.D. ~~SCHNEIDER, NEIL M.D.~~ 2951 N.W. 49TH AVE. STE. 101 LAUDERDALE LAKES FL 33313	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: _____ 4/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHNEIDER, NEIL M.D. 2951 N.W. 49TH AVE., STE. 101 LAUDERDALE LAKES FL 33313	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GERONEMUS, ROBERT M.D. 2951 N.W. 49TH AVE., STE. 101 LAUDERDALE LAKES FL 33313	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Geronemus, Robert MD 2951 NW 49th Ave #101 Lauderdale Lakes, FL 33313	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTIN, Edouardo M.D. 2951 NW 49th Ave #101 Lauderdale Lakes, FL 33313	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP MARTIN, Edouardo M.D. 2951 NW 49th Ave #101 Lauderdale Lakes, FL 33313	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treas. Echeverri, Diego M.D. 2951 NW 49th Ave #101 Lauderdale Lakes, FL 33313	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Sec/Treas. Echeverri, Diego M.D. 2951 NW 49th Ave #101 Lauderdale Lakes, FL 33313	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, attachment with an address

SIGNATURE: _____ 4/24/96 954-739-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)